

The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Public Health 250 Washington Street, Boston, MA 02108-4619

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TO: Early Intervention Program Directors, Billing Staff and Practice Management/Billing

Developers

RE: INITIAL VISIT/INTAKE/PRE-ASSESSMENT PLANNING VISIT

FROM: Patti Fougere, Assistant Director, Early Childhood Services

Jean Shimer, EI Data Manager

DATE: August 9, 2012

This memo is to provide clarification to the May 11, 2012 memo from Jean Shimer, EI Data Manager and Steve McCourt, EI Fiscal Manager related to the Intake Visit.

The Department had received feedback from many providers that they are using the initial face-to-face visit with the family to share information about early intervention, determine who should participate in the eligibility evaluation, and start thinking about serv ice coordination assignment but are not administering the BDI-2 or participating in other child and family assessment/evaluation activities. The intent of the Intake Visit allows programs to utilize their assessment hours mor e efficiently and provides the Department with the understanding of what is truly happening in practice throughout the eligibility determination process.

All non-assessment activity that occurs as part of the intake process should be billed as an Intake Visit (information sharing). If a program is administering part of the Battelle Developmental Inventory – 2 (i.e. social emotional interview questions), a formal or informal family assessment tool, or gathering information related to risk factors for eligibility the program should bill this activity as "evaluation/assessment" at that initial visit. If both intake activities (sharing of information, establishing a relationship, etc.) and assessment are occurring at the first visit they should breakout the activities for billing purposes.

Programs are reminded that if the Personal-Social portion of the Battelle is started during the first face-to-face visit with the family that this activity must be billed as an assessment and the *Date of Testing* and EIIS *Date Tool First Used* should be this date. Programs have two weeks to complete the Battelle from this date. Additionally, programs should bill assessment time for the administration of other formal or informal assessment tools used in the eligibility determination process.

EI programs have the option to provide an Intak e Visit or not at the first face-to-face visit with the family. A program is not required to bill Intake Visit at the initial face to face if they have gathered pre-assessment information from the family over the phone, and provided written notice of the evaluation/assessment activity.

DPH will allow a maximum billing of 2.00 hours of Intake Visit per child referral per program to occur prior to assessment activities. The Department will not be re-instituting the previous intake/screening rate at this time.

Billing Requirements:

Service: I (Intake home visit) (DPH code only)

CMS Service Code: H2015 (service code for MassHealth and commercial insurers)

Maximum hours: 2.00 per referral per program

Rate: \$77.12 (same rate as home visit)

If two staff are participating in the initial face-to-face visit with the family to gather and share information the program may bill a total of two hours for the visit, with each staff person billing a portion of those two hours which when totaled do not exceed 2.0 hours. Two staff of the same discipline may participate in the Intake Visit and the visit for both staff must occur on the same day.

If you have any questions or concerns regarding this information please feel free to contact me at 617-624-5975 or patti.fougere@state.ma.us.